

OFFICE COPIER METER READING

For use of this form, see Fort Knox Pam 25-31

**Requirement Control Symbol -
ATZK-IMO-R-1**

TO Director Directorate of Information Management ATTN: ATZK-IMO-R (Copier Manager) 1227 Sixth Ave. Fort Knox, KY 40121-5000	FROM	DATE
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INSTRUCTIONS: Obtain office copier meter reading as of COB last day of each month. Complete information below and submit this form to arrive NLT 3d working day following report month to the above address. Use one form for each office copier.

Report Month: _____

(Month & Year)

Beginning meter reading: _____

Meter reading at end of report month: _____

Total copies: _____

ORGANIZATION:

OFFICE COPIER DATA

BLDG. NO.:

MAKE:

POC:

MODEL NO.:

PHONE NO.:

SERIAL NO.:

ADDITIONAL COMMENTS:

SIGNATURE: